Todaywise Limited

Woodheyes

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected the service on 20 October 2016 and the visit was unannounced.

Woodheyes is a residential care home and provides care for up to 38 people. Thirty six people were using the service when we visited and many were living with dementia.

At the time of our inspection there was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was not available during our visit so we spoke with the proprietor and deputy manager.

People and their relatives were not always satisfied with the activities available to them. We found that people were not always offered opportunities to take part in their hobbies and interests. The registered manager told us that they would take action to review the activities available to people.

People and their relatives felt safe with the support offered to them. Staff understood their responsibilities to protect people from abuse and avoidable harm and to remain safe. The registered manager had processes in place to manage accidents and incidents appropriately. The recording of some incidents was not always accurate and the provider told us they would make improvements. Risks to people's health and well-being were assessed and reviewed. For example, where a person was at risk of falling, staff followed guidance the registered manager had made available to them.

The provider had a recruitment process in place for prospective staff that was followed. This included checks on the suitability of staff to work with people in the caring profession. People, relatives and staff were satisfied with the number of staff available to offer care and support and we found that staffing levels were suitable.

People received their prescribed medicines in a safe way by trained staff. The provider had made guidance available to staff on how to handle people's medicines safely and we saw staff following these instructions. The administration of people's medicines was recorded and checked by senior staff members to make sure people had received them.

People received care and support from staff with the necessary skills and knowledge. Staff had received training in areas such as keeping people safe. New staff received an induction when they started to work for the provider that included checking their knowledge. The registered manager observed staff when they delivered care so that they could receive feedback and guidance on their work.

People were supported in line with the Mental Capacity Act (MCA) 2005. People were asked for their consent

to their care where they could. Where there were concerns about people's ability to make decisions, the registered manager had assessed people's mental capacity. Where necessary, the provider then made decisions with others such as family members that were in people's best interests. Staff understood their responsibilities under the MCA. The registered manager had made applications to the appropriate body where they had sought to deprive a person of their liberties.

People were satisfied with the food and drink offered to them. The provider had sought specialist advice where there were concerns about people's eating and drinking. People had access to healthcare services such as to their GP and dentist. We saw that staff shared information with each other about people's health so that they could provide effective support.

People received support from staff who were kind and compassionate. Staff protected their dignity and privacy and showed respect for people. People's care records were stored safely and discussions about people's care needs occurred discreetly. People's relatives could visit without undue restriction.

People were supported to be as independent as they wanted to be to retain their skills. People, where they could, were involved in decisions about their care. Where people required additional support regarding decisions about their care, this was available to them.

People and their representatives had opportunities to contribute to the planning of their care. People had care plans that detailed their individual support requirements and were reviewed. This meant that staff had up to date guidance when offering care to people. Staff knew about the people they cared for including people's preferences for how they wanted their care to be carried out. We saw staff providing care based on people's preferences.

People's and their relatives knew how to make a complaint. The provider had a complaints policy in place that outlined what they would do should they receive a complaint. When a complaint was received, the provider explained what action they would take.

Staff felt supported by the registered manager and knew their responsibilities. This included how to report the inappropriate or unsafe practice of their colleagues should they have needed to.

People, their relatives and staff had opportunities to give feedback to the provider. Some relatives felt that the provider listened but did not always take action to make improvements. We found that the provider was open to feedback and took action where they received suggestions for improvements from people. Where we were told by people and their relatives, and where we saw that improvements could be made to the activities offered to people, the provider told us they would take action.

The registered manager was aware of their responsibilities and had arranged for quality checks of the service to take place to make sure that it was of a high standard. For example, checks on the practice of staff and equipment took place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from abuse and avoidable harm by staff who knew their responsibilities for supporting them to remain safe.

There were a sufficient number of staff to meet people's care requirements. They were checked for their suitability prior to working for the provider.

People received their prescribed medicines in a safe way.

Is the service effective?

Good

The service was effective.

People received support from staff who had the necessary skills and knowledge. Staff received guidance and training.

People were asked for their consent before care was delivered. Where there were concerns about people's ability to consent to their own care, the provider acted in accordance with the Mental Capacity Act 2005.

People were satisfied with the food offered to them and had access to the healthcare services they required.

Is the service caring?

Good

The service was caring.

People were treated with compassion and kindness by staff. People's privacy and dignity was respected.

People's independence was encouraged where this was important to them and their preferences were known by staff.

People were involved in making decisions about how their care was delivered.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People were not always satisfied with the activities available to them.

People or their representatives had contributed to the planning of their care needs. They received care based on their preferences.

People and their relatives knew how to make a complaint and the provider took action when one was received.

Is the service well-led?

Good

The service was well led.

Staff knew their responsibilities and the registered manager offered them good support.

People, relatives and staff had opportunities to give suggestions about how the service could improve.

The registered manager was aware of their responsibilities and they had monitored the quality of the service.

Woodheyes

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection visit took place on 20 October 2016 and was unannounced. The inspection team included an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted Healthwatch (the consumer champion for health and social care) and the local authority who has funding responsibility for some people living at the home to ask them for their feedback about the service.

During our inspection visit we spoke with five people who used the service and with six relatives of other people. The registered manager was not available when we visited so we spoke with the proprietor and deputy manager. We also spoke with two senior care staff, two care assistants, a cook, a dining room assistant and three domestic staff (two of who assisted people with personal care when required). We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of four people who used the service. We also looked at records in relation to health and safety, people's medicines as well as documentation about the management of the service. These included staff training records, policies and procedures and quality checks that the registered manager had undertaken. We looked at two staff files to look at how the provider had recruited and how they supported their employees.

We contacted the registered manager after our visit to give feedback about our visit and to request further information. This was in relation to records about incidents and the meetings staff had with a manager. The registered manager submitted these in the timescales agreed.

Good

Is the service safe?

Our findings

Staff knew how to protect people from abuse and avoidable harm. This was because they had guidance on the procedure to follow that had been made available to them by the provider. One staff member told us, "If I had any concerns I would report to a senior. For example, last week I noticed a mark on someone's arm. I reported it and I found out someone had already done this." Staff could describe the different types of abuse and the signs that someone may be at risk of harm. Staff told us, and records confirmed, that they had received training on keeping people safe. This meant that the provider had ensured that staff knew how to identify where people may have been at risk of harm and how to report their concerns.

People and their relatives told us they had no concerns about safety at the home or the support that staff provided. One person said, "I'm very happy and safe. I like it a lot." A relative told us, "He's very safe. He's up a lot in the night and we know he's well cared for."

Risks associated with people's care were assessed and reviewed monthly. We saw that the provider had carried out risk assessments for a range of areas. For example, where people were at risk of falling or where they required support to move from one position to another. The registered manager had written guidance available for staff to follow to reduce such risks. This included making sure people had the equipment and supervision they required. During our visit we saw staff following these risk assessments. We saw staff safely using equipment to help a person move from their wheelchair into a lounge chair. This meant that risks associated with people's support were managed to help them to remain safe.

The provider had checked the environment and equipment to make sure that potential risks to people's health and well-being were minimised. We saw that equipment used to support people to move from one place to another was serviced and fire safety systems had been recently tested. We also saw that the temperature of the hot water was checked to prevent scald risks to people. The provider had emergency plans in place for staff to follow should there have been a disruption to the service, such as a fire. These plans detailed the support each person would require to vacate the building if necessary. This meant that the provider had considered people's safety should a significant incident occur.

The provider took appropriate action when an incident or accident occurred. This included taking action to prevent the likelihood of future occurrences. Staff did not always accurately describe in their written reports the details of incidents that had occurred. The deputy manager told us they were supporting staff to improve their report writing.

People and their relatives were satisfied with the number of staff available to safely meet their needs. One person told us, "They come quite quickly if I ring [the call bell]." Another said, "They're very good at coming, very obliging." A relative told us, "There always seems to be plenty around." Staff members told us they felt staffing numbers were suitable and that they covered for each other when required. We found that staff had the time they needed to provide safe care to people and that staffing numbers were appropriate.

The provider had a recruitment process in place for prospective staff members. This included the provider

obtaining two references for each prospective employee and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions and aims to stop those not suitable from working with people who receive care and support. Staff told us that these checks had taken place and records within their files confirmed this. This meant that people were supported by staff who were appropriately verified.

People received support to take their prescribed medicines in a safe way by staff. One person told us, "They always wait beside me while I take mine." A relative said, "Her medications are sorted very well." We saw that staff offered people their medicines and gained their consent to administer it. Staff also recorded accurately when they had offered people their medicines and stored them safely. We looked at six people's medicine records and some of these included where as and when required medicines were offered to people. Some of these medicines supported people to reduce their anxieties. Staff only gave these to people in line with clear recorded guidelines and where other methods were not successful. A staff member told us, "It's not something we should give if a person is disruptive. It's about their distress not ours. We can help them to move somewhere quieter. We don't like using sedation and only will when we've tried everything else."

Staff told us that they were trained in the safe handling of people's medicines and found this training useful to understand their responsibilities. Staff training records confirmed they had received this training and staff told us that a manager undertook observations of their practice to ensure they handled medicines safely. Staff also had a policy made available to them by the provider on the handling of medicines to give them guidance on how to manage this safely. We saw within the provider's medicine records that medicines were checked daily by staff who were responsible for administering them. This was to make sure that people received the medicines they required. In these ways people received their medicines in a safe way and staff knew their responsibilities.

Good

Is the service effective?

Our findings

Staff members offered effective care to people because they had the necessary skills and knowledge. One person told us, "They are very courteous and exceptional in how they care for us." A relative said, "They all appear to be very competent. I never see them fumbling." Staff members told us that the training offered to them was helpful and enabled them to offer good care to people. One staff member said, "There's enough training. It's fine and all relevant. I've recently done moving and handling and protecting adults." We saw that training records and certificates of courses staff had attended showed that they had undertaken training and received guidance in topic areas such as fire safety and dementia awareness. The deputy manager showed us planned monthly training for staff for the next three months which showed the provider offered regular training to staff. This meant that staff received up to date guidance on best practice when offering care and support to people.

Staff members told us they received an induction when they started working for the provider so that they knew their responsibilities. One staff member said, "For two weeks I shadowed other staff." Another said, "I've been doing the Care Certificate. I have a mentor. It helps me to do my job." The Care Certificate is a national induction tool, the standards of which providers are expected to follow, to help ensure staff work to the expected requirements within the health and social care sector.

Staff members confirmed they received support and guidance from a manager. One staff member said, "There are supervisions every so often. I've had one since starting. They observe us. When we had our supervision we were told we were watched and then what we did well and what we needed to improve upon." Supervision is a process where a manager gives feedback on a staff members' practice and offers opportunities to discuss topic areas such as training and guidance. We saw records that showed staff were observed when offering care to people and feedback was given about how staff performed. This meant that staff received guidance and support on how to provide effective support to people.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the provider was working within the principles of the MCA and found that it was.

People were asked for their consent when staff members offered their care and support. One person told us, "They always ask me first, they are very polite." A relative said, "They ask him [before providing care]." We saw staff asking people for their agreement to offers of care including when helping move from one place to another within the home.

Where people could not consent to their care and support, the provider had completed mental capacity assessments. These were completed to determine people's understanding of specific decisions such as taking their medicines and moving into residential care. Where people were assessed as lacking capacity to

make such decisions, decisions were made in people's best interest. These decisions included others involved in people's care such as their GP and relatives. We saw that some people had legally appointed representatives to make decisions on their behalf and this had been recorded in their care records so that staff members knew who to consult with when they needed to make a decision on a person's behalf.

Staff understood their responsibilities where a person was assessed to lack capacity to make decisions for themselves. One staff member said, "If people haven't got the capacity to make decisions, for example, with their medicines or personal care, we have to take this on board. We do an assessment and make decisions in people's best interests." This meant that people's human rights were protected by staff who knew their responsibilities.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospital are called the Deprivation of Liberty Safeguards (DoLS). We saw that the registered manager had made the appropriate applications to the 'supervisory body' (the local authority) where they were seeking to deprive someone of their liberty. Staff members knew when a DoLS authorisation might be required. One staff member told us, "We might need a DoLS if someone had behavioural issues or if they wanted to leave the building and they were not aware of the dangers."

People were satisfied and enjoyed the food and drink offered to them. One person told us, "It's brilliant! I'm always happy with the choices so don't need to order anything different." Another said, "I'm so impressed by the food they serve us. The catering department do a wonderful job." We observed a mealtime and found people enjoyed the food they had chosen and we saw staff offering their support where this was required. Where there were concerns about people's eating and drinking the provider was recording what they had eaten to make sure they had enough to eat. A relative described how the provider had sought specialist advice following concerns about their family members' eating and drinking. They told us, "He's on a soft diet and got reviewed here by a specialist. The cook's very innovative with meal alternatives for him". This meant that people's nutritional needs, based on their preferences and requirements, were met.

People were supported to maintain their health. One person who had recently moved into the home told us, "I've not seen the optician yet but have already had the chiropodist. They're very good." A family member commented, "They're quick to get the doctor out if needed." Staff told us how they shared information about people's changing needs. One said, "We tell the seniors how people have been during handovers [staff coming onto their shift and others leaving theirs] including what people have eaten and drank and if they are unwell." We saw records of health appointments people had attended which included visits to the dentist and to see their GP. In these ways people's healthcare needs were met.

Good

Is the service caring?

Our findings

People told us that staff offered them care and support in a caring manner and were compassionate. One person said, "They are very kind, if I ask for anything, they oblige." Another said, "They make you feel comfortable by chatting." A relative told us, "I find them very friendly, happy and helpful." We saw one person who became distressed. The proprietor offered them reassurances and requested that a staff member spent time with them to help them to relax. We also saw staff talking with people in a friendly manner when offering their help. Where people were confused about what staff were asking, we saw that staff spent time with them to repeat several times what was being asked that people then responded to. One staff member said, "There are people who can't always tell me what they want. Sometimes it's because they're having a bad day and I sit with them for a while."

People's dignity and privacy was respected. One person told us, "They knock [on bedroom door] and greet me. They respect us all." People's relatives told us that they were satisfied with the approach of staff members. Comments included, "He has a shower twice a week and a daily shave and his clothing is looked after well." and, "I see them knock and enter bedrooms. They shut her curtains for privacy." We saw staff assisting people to move from one position to another. Staff members spoke discreetly to people about what they were doing and made sure their dignity was maintained by adjusting their clothing where this was necessary. We also saw staff respecting people's choices to spend time in their own rooms and asked people for their agreement before entering their room. This meant that staff showed respect to the people they were supporting.

We saw staff securely storing people's care records to maintain their privacy and we heard conversations about people's care requirements taking place discreetly. We saw that the provider had made available to staff a policy on confidentiality that staff were seen to follow. In these ways people could be sure that their private information was handled safely.

People's preferences and personal histories were known by the staff team. One staff member told us, "I get used to people and there's a board of people's food likes and dislikes in the kitchen". Staff told us how people's care plans had information about their support requirements and that over time they got to know each person. The deputy manager told us how they had arranged to speak with the night staff and family members of a person who had recently moved into the home. This was to gain information about how they had settled in and things that were important to them. We read in people's care plans detailed information about people's preferences. For example, what shower gel they preferred and their preference for a bath or a shower. This showed that staff knew, or sought to know, the people they offered care to.

People were encouraged to be involved in decisions about their care to protect their rights and freedom. One person told us, "I decide what to do and when for everyday things." A relative said, "I hear them offer him the options of getting up, eating, drinking and so on." We saw staff members asking people about how they wanted their care carried out. We also saw that staff took time to go to each person who could make decisions for themselves to ask them for their menu choices. They spent time with people to make sure they understood the choices offered to them. This meant that where possible, people were involved in making

decisions about their lives.

Some people at the home were receiving the support of an advocate. An advocate is a trained professional who can support people to speak up for themselves. We saw that advocates were involved to check that people's rights were upheld. They also checked that the care and support that people received was in line with decisions that were made on their behalf.

People were supported to retain their skills and independence where this was important to them. One person told us, "I'm completely independent and prefer my room privacy." They told us that they only received support when they requested it. We read in people's care plans that staff were guided to support people to remain independent. For one person we read, 'Encourage what she can do for herself. Give her the brush as she is able to brush her own hair.' This meant that people were supported to retain their skills wherever possible and where it was important to them.

People's friends and family were able to visit without undue restriction. Relatives told us, "I have total freedom for visits." and, "We're not at all restricted. I come early morning or in the evening." Staff members confirmed that people were supported to maintain relationship that were important to them. One said, "They [relatives] come and go as they need to."

Requires Improvement

Is the service responsive?

Our findings

People were not always satisfied with the activities available to them. One person told us, "There's not always enough to do. I sometimes go if a person is coming in to entertain or I just like my television." Another said, "People come in now and then to entertain us. The staff do not do much really [activities]. We do not do outings now." Some relatives also expressed their dissatisfaction with the amount of activities offered to their family members. Comments included, "I've not seen anyone sit with her doing things.", "Ideally, they would have someone in the garden lounge [a second smaller lounge] to chat and watch over them. I am going to suggest they try and get volunteers in to spend time and keep them social." and, "There is not enough going on, just a few times a week for music or ball games by outsiders [paid for by the provider]. Otherwise it is the television and loud music playing at the same time." Some relatives had suggestions for activities that they said they had shared with the provider such as having a therapy dog visit regularly. They told us their suggestions were not always acted upon.

Other people told us they enjoyed the visiting entertainers or that that they chose not to take part in the activities offered. One person said, "I'm a television addict! So I watch it in my room or play my music. The activities aren't to my taste." We discussed with the deputy manager and registered manager about activities offered to people. They told us about trips to the local café that people visited and how they had a church service that people attended. The provider told us how they offered to people activities such as nail painting, craft work and board games. They also explained that they arranged for musicians to visit and that people were offered the opportunity to access the local pub and a nearby garden centre.

We saw that there was an activity programme about forthcoming entertainers that were due to visit. However, we saw people were sat for long periods of time with no activity offered to them. We also saw several people asleep for large parts of the day without being offered alternative ways to spend their time. We saw that activities based on people's preferences were not occurring. We read how people liked, for example, gardening, needlework and books but we found these were not available to people. We found that there were few items within the communal areas that people could choose to engage with such as magazines, arts and crafts materials or things that interested them. The registered manager told us they would consider our feedback and that of people and their relatives and look at reviewing the activities offered to people.

People received care from staff members that was centred on their individual needs and preferences. One person told us, "They have a diary system for bathing but I can choose if I feel like it." A relative commented, "He likes a glass of non-alcoholic wine in his room in the evening. It's an old habit that they continue for us." Staff told us how they responded to changes in people's support requirements. One said, "I can spot anything as I know people well. If there's a change I report it to a senior." We saw that when people requested support this was undertaken by staff without having to wait unduly. One person requested staff to direct them to the lounge area and staff did this immediately asking if they required any additional support.

The deputy manager told us that the registered manager completed a pre-admission assessment for each person that moved into the home. They explained that this was to ensure that the provider could meet their

needs and individual requirements. We saw these within people's care records. They gave brief details to staff of how people preferred to be supported and focused on their abilities and likes and dislikes. These were then used by the provider to devise a complete care plan for each person so that staff had guidance on how to provide responsive care to people.

People's care plans contained information that was centred on them as individuals and was based on their preferences and likes and dislikes. We saw that they contained information for staff to follow that met people's requirements. We read about people's preferences for a male or female staff member to provide their care. We also read how one person liked to hold an item with them which provided them with comfort. We saw that they had this with them. People told us that their preferences were met and staff could describe these. This meant that people could be sure that they received support centred on their preferences.

People or their relatives contributed to the planning and review of their care. One relative told us, "I filled in a load of paperwork on her arrival and they reviewed it after six months. They always tell me when things change or new medication is needed." Another said, "We had a review the other day and did the end of life care plan." Staff told us that most people would not understand their care plan but that they always spoke with them about it wherever they could. We heard the deputy manager informing a relative that they were in the process of completing their family members' care plan. The deputy manager asked if they could spend time discussing it together to make sure the provider had all of the information they required to provide effective care. We saw that people's care plans were reviewed every month or more often if changes occurred. This meant that staff had up to date information and guidance about how to provide support in ways that were important to people.

The provider had made adjustments within the home to be responsive to the needs of people living with dementia. We saw that bathrooms had signs on the doors so that people could identify them. We saw that some people's rooms were identifiable to them by their photograph. The deputy manager told us that not everyone wanted a photograph on their door and they respected their decision.

People and their relatives knew how to make a complaint should they have needed to. One person told us, "I've had no complaints so far. If I did, I could talk to any of the staff." We saw that the provider's complaints procedure was displayed for people and their visitors and detailed their process for handling them when one was received. We saw that where a complaint was made, it was dealt with in line with the procedure and feedback was given about any action the provider took.

Good

Is the service well-led?

Our findings

People and their relatives told us that the service was well-led. However, some relatives felt that their suggestions for improvements were not always taken on board by the provider. One said, "They'll listen but not always do [in relation to activities]." One person offered their comments on the service being well-led and said, "She's [registered manager] very nice and always says hello. I can talk to her easily." Another relative commented, "It's always immaculate and the residents all look well and tidy. It's by far the best choice for us."

We found the service to be well-led. People's support needs were known and understood by staff members. The registered manager had arrangements in place to enable this to happen, such as assessing people's needs, so that people received the care and support they required. The proprietor and registered manager took on board our feedback about the limited range of activities offered to people and told us they would take action.

The provider had sought feedback from relatives, staff and health and social care professionals about the quality of the service. We saw that questionnaires were sent out during 2016 and some responses had been received. The comments received were complimentary. The registered manager told us that the results of this year's surveys would be shared with people and their relatives. Relatives were also invited to evening events at the home where there feedback was sought. One relative told us, "They have had some social things for us and it's a time when you can mention ideas."

We saw that meetings for people using the service occurred. People were asked about topic areas including food choices and the quality of staff. People told us that when they made suggestions the provider took action particularly in relation to food options available to them. This meant that the provider had enabled feedback from people to be received about the quality of the service and had made changes based on this.

Staff members felt supported by the registered manager. One told us, "I get good support." Another said, "The manager is approachable. She will come and help if needed. She seems to have the best interest of residents at heart." Staff members told us that the provider listened to any concerns received and were confident they would take any necessary action. One staff member told us, "I am 100% confident they [managers] would deal with anything raised with them."

Staff knew about their responsibilities because the provider had practices in place to make sure this occurred. Staff told us they attended staff meetings and we saw records of these. Topic areas included discussions about the standards expected of them by the provider and recent incidents where improvements were discussed to try to prevent reoccurrences. The provider had also made a range of policies and procedures available to staff which they were knowledgeable about. This included a whistleblowing procedure. A 'whistle-blower' is a staff member who exposes poor quality care or practice within an organisation. Staff knew what action to take should they have concerns. One staff member told us, "I would have a quiet word with the manager." We found that the provider's whistleblowing policy did not have contact details available for staff that they could raise their concerns with should they have needed to,

such as the local authority. The provider told us they would include these in their policy.

Staff received supervision from a manager to reflect on their practice in order to improve the care they offered to people. In the absence of the registered manager during our visit we found that the service continued to run well. We saw the deputy manager spending time with staff. They guided staff and answered questions asked of them in a professional and supportive manner. This meant that there were opportunities available for staff members to reflect on their practice to improve outcomes for people using the service.

The provider had aims and objectives that the service strove to achieve. This included respecting people's dignity and privacy. The provider's aims and objectives were made available to people and their relatives in a 'service user guide' so that they knew what the service offered. Staff knew about what the service aimed to achieve. One staff member told us, "It's to make sure everyone is looked after well. To provide good care and respect people." We found that staff were working towards the provider's aims and objectives when offering care to people. This meant that staff knew about the aims and objectives of the service and offered their support in line with these.

The registered manager was meeting their conditions of registration with CQC. This included the registered manager informing us of significant incidents that they are required to send us by law. We also saw that our previous inspection rating was on display in the home for people and their relatives to read our judgment when we last visited the service. This showed that the provider had an approach that was open and transparent.

The registered manager had a range of checks in place to monitor the quality of the service. We saw that audits occurred in areas such as when people had fallen, equipment and people's care records. Any action that was highlighted by the provider to make improvements was documented and recorded when completed. The proprietor had carried out an inspection of the home in the last 12 months. This looked at all areas of care including reviewing staffing numbers and observations of staff practice to make sure they were delivering high quality care. We saw an action plan in place for how the provider planned to improve people's experiences of care. This meant that the delivery of the support people received was reviewed.